Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 08/27/01?

   b. The request was received on 01/14/02.

II. EXHIBITS

1. Requestor, Exhibit 1:

   a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/29/02
   b. TWCC 66a
   c. EOB
   d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on, there is not a signed sheet in the dispute packet. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.

4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

   "The disputed issue is that the Carrier has paid $35.53 for the medication stating reduced according to fee guideline. We resubmitted the claims to the Carrier requesting additional payment. The Carrier denied the request for additional stating this bill has been reviewed and no further payment is due. All payments or denials are in accordance with the applicable fee guidelines and rules." The provider is seeking additional reimbursement in the amount of $8.00 for the date of service 08/27/01.

2. Respondent:

   The Carrier denies additional reimbursement in the amount of $8.00 for the date of service 08/27/01 as F-"Reduced to Fee Guidelines."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 08/27/01.

2. The Carrier denies additional reimbursement in the amount of $8.00 for the date of service 08/27/01 as F-"Reduced to Fee Guidelines."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$ (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
08/27/01	Hydroco/APAP 10/35 #40	$44.05	$35.53	F	AWP x number units x 1.38 + $7.50=MAR	MFG PFG (II)(A)(2)	AWP is $326.41 for 500 tablets which = 0.6528 per tablet.. The charged number of tablets is #40 x 0.6528 = 26.11 x 1.38 = 36.03 + 7.50 = $43.53 for the amount of 40 tablets to be reimbursed. The Provider billed in accordance with the referenced Rule. Therefore, additional reimbursement in the amount of **$8.00** ($44.05 billed - $35.53 paid = $8.00) **is** recommended.
Totals							The Requestor **is** entitled to additional reimbursement in the amount of **$8.00.**

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $8.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of May 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.